

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/771,436</div>	FILING DATE				
							APPLICANT(S)					
<div style="font-size: 1.2em; font-family: cursive;">3-24-05</div>							CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.	*		*		*		
1						51						
2						52						
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48						98						
49						99						
50						100						
TOTAL IND.	2		2			TOTAL IND.						
TOTAL DEP.	8		8			TOTAL DEP.						
TOTAL CLAIMS	10		10			TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1380 (REV. 3-78)

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